

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
ACT NOW PAC INC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		10680.22
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	8443.95									
(c) Total Receipts (from Line 19)	5087.06	7565.23								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	13531.01	18245.45								
7. Total Disbursements (from Line 31)	4177.26	8891.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9353.75	9353.75								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
ACT NOW PAC INC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1675.00	1875.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	3300.00	5424.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4975.00	7299.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4975.00	7299.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	112.06	266.23
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5087.06	7565.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5087.06	7565.23

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3940.31	8119.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3940.31	8119.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	186.95	186.95
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	50.00	585.39
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4177.26	8891.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4177.26	8891.70

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	4975.00	7299.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4975.00	7299.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3940.31	8119.36
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3940.31	8119.36

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 18
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A.	Full Name (Last, First, Middle Initial) Goran Erik Hansell	Date of Receipt MM / DD / YYYY 12 / 13 / 2007
	Mailing Address 145 Central Park West	Transaction ID: SA11AI.5266
	City NY State NY Zip Code 10023	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer N/A Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Richard J. Raskin	Date of Receipt MM / DD / YYYY 11 / 10 / 2007
	Mailing Address 2400 N. Lakeview #2905	Transaction ID: SA11AI.5257
	City Chicago State IL Zip Code 60614	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Raymond Schrag	Date of Receipt MM / DD / YYYY 10 / 06 / 2007
	Mailing Address 219 W. 81st St. Apt 10D	Transaction ID: SA11AI.5206
	City NY State NY Zip Code 10024	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 18
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A.

Full Name (Last, First, Middle Initial)
Lois Wolf

Mailing Address 239 Central Park West

City	State	Zip Code
NY	NY	10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Psychoanalyst
--------------------------	-----------------------------

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	7

Transaction ID: SA11AI.5231

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)	▶	125.00
TOTAL This Period (last page this line number only)	▶	1675.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 18
	(check only one)
<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A.	Full Name (Last, First, Middle Initial) Vanguard Group		Date of Receipt
	Mailing Address PO Box 13750		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Philadelphia	PA	19101
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.5270
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="215.91"/>	<input type="text" value="18.21"/>

B.	Full Name (Last, First, Middle Initial) Vanguard Group		Date of Receipt
	Mailing Address PO Box 13750		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Philadelphia	PA	19101
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.5271
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="233.95"/>	<input type="text" value="18.04"/>

C.	Full Name (Last, First, Middle Initial) Vanguard Group		Date of Receipt
	Mailing Address PO Box 13750		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Philadelphia	PA	19101
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.5272
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.26"/>	<input type="text" value="16.31"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="52.56"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 9 / 18	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full) ACT NOW PAC INC
--

A.	Full Name (Last, First, Middle Initial) Vanguard Group		Date of Receipt			
	Mailing Address PO Box 13750		M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7			
	City	State	Zip Code	Transaction ID: SA17.5273		
	Philadelphia	PA	19101	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.		C		15.97	
	Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		266.23		

SUBTOTAL of Receipts This Page (optional)	▶	15.97
TOTAL This Period (last page this line number only)	▶	68.53

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Half & Half Studio</p> <p>Mailing Address 248 24th Street 3rd Floor</p> <p>City Brooklyn State NY Zip Code 11215</p> <p>Purpose of Disbursement Web Design</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5123</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2250.00"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Intellicontact</p> <p>Mailing Address 2635 Meridian Pkwy Suite 100</p> <p>City Durham State NC Zip Code 27713</p> <p>Purpose of Disbursement List Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5118</p> <p>Date of Disbursement</p> <p><input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.20"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Intellicontact</p> <p>Mailing Address 2635 Meridian Pkwy Suite 100</p> <p>City Durham State NC Zip Code 27713</p> <p>Purpose of Disbursement List Service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.5127</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.20"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A.	Full Name (Last, First, Middle Initial) Intellicontact	Transaction ID: SB21B.5134 Date of Disbursement 09 / 04 / 2007
	Mailing Address 2635 Meridian Pkwy Suite 100	Amount of Each Disbursement this Period 87.20
	City Durham State NC Zip Code 27713	
	Purpose of Disbursement List Service	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Intellicontact	Transaction ID: SB21B.5150 Date of Disbursement 10 / 02 / 2007
	Mailing Address 2635 Meridian Pkwy Suite 100	Amount of Each Disbursement this Period 87.20
	City Durham State NC Zip Code 27713	
	Purpose of Disbursement List Service	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Intellicontact	Transaction ID: SB21B.5156 Date of Disbursement 11 / 05 / 2007
	Mailing Address 2635 Meridian Pkwy Suite 100	Amount of Each Disbursement this Period 87.20
	City Durham State NC Zip Code 27713	
	Purpose of Disbursement List Service	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	261.60
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A.	Full Name (Last, First, Middle Initial) Intellicontact	Transaction ID: SB21B.5167 Date of Disbursement 12 / 03 / 2007
	Mailing Address 2635 Meridian Pkwy Suite 100	Amount of Each Disbursement this Period 87.20
	City Durham State NC Zip Code 27713	
	Purpose of Disbursement List Service Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Sandler, Reiff & Young, PC	Transaction ID: SB21B.5131 Date of Disbursement 08 / 06 / 2007
	Mailing Address 50 E Street, SE Suite 300	Amount of Each Disbursement this Period 360.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Legal Services Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TransFirst	Transaction ID: SB21B.5137 Date of Disbursement 08 / 03 / 2007
	Mailing Address 12120 Shamrock Plaza	Amount of Each Disbursement this Period 20.22
	City Omaha State NE Zip Code 68154	
	Purpose of Disbursement Credit Card Processing Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	467.42
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A.	Full Name (Last, First, Middle Initial) TransFirst	Transaction ID: SB21B.5130 Date of Disbursement
	Mailing Address 12120 Shamrock Plaza	<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City Omaha State NE Zip Code 68154	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="19.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TransFirst	Transaction ID: SB21B.5152 Date of Disbursement
	Mailing Address 12120 Shamrock Plaza	<input type="text" value="10"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
	City Omaha State NE Zip Code 68154	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="38.86"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TransFirst	Transaction ID: SB21B.5158 Date of Disbursement
	Mailing Address 12120 Shamrock Plaza	<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City Omaha State NE Zip Code 68154	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fees	<input type="text" value="51.91"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="110.72"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A.

Full Name (Last, First, Middle Initial)
TransFirst

Transaction ID: SB21B.5170
Date of Disbursement

Mailing Address 12120 Shamrock Plaza

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	0	7

City Omaha State NE Zip Code 68154

Amount of Each Disbursement this Period

27.16

Purpose of Disbursement
Credit Card Processing Fees

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

27.16

TOTAL This Period (last page this line number only)

3291.30

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) FedEx Kinkos</p> <p>Mailing Address 1211 Avenue of the Americas</p> <p>City New York State NY Zip Code 10036</p> <p>Purpose of Disbursement Copies</p> <p>Candidate Name THOMAS H ALLEN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5141</p> <p>Date of Disbursement 09 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 15.17</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) FedEx Kinkos</p> <p>Mailing Address 1211 Avenue of the Americas</p> <p>City New York State NY Zip Code 10036</p> <p>Purpose of Disbursement Copies</p> <p>Candidate Name THOMAS H ALLEN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5145</p> <p>Date of Disbursement 09 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 6.50</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Kennedy, Jennik & Murray</p> <p>Mailing Address 113 University Place</p> <p>City New York State NY Zip Code 10003</p> <p>Purpose of Disbursement Phone Bank Rental</p> <p>Candidate Name THOMAS H ALLEN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5171</p> <p>Date of Disbursement 12 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 31.19</p>

SUBTOTAL of Disbursements This Page (optional) ▶

52.86

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A.	Full Name (Last, First, Middle Initial) Laura Morrison	Transaction ID: SB23.5146 Date of Disbursement 10 / 08 / 2007
	Mailing Address 80 Eighth Avenue	Amount of Each Disbursement this Period 30.47
	City New York State NY Zip Code 10011	
	Purpose of Disbursement Phone Bank Rental	Category/ Type
	Candidate Name THOMAS H ALLEN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Laura Morrison	Transaction ID: SB23.5161 Date of Disbursement 11 / 13 / 2007
	Mailing Address 80 Eighth Avenue	Amount of Each Disbursement this Period 68.07
	City New York State NY Zip Code 10011	
	Purpose of Disbursement Phone Bank Rental	Category/ Type
	Candidate Name THOMAS H ALLEN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) UPS Store	Transaction ID: SB23.5139 Date of Disbursement 09 / 14 / 2007
	Mailing Address 132 E. 43rd Street	Amount of Each Disbursement this Period 28.00
	City New York State NY Zip Code 10017	
	Purpose of Disbursement Copies	Category/ Type
	Candidate Name THOMAS H ALLEN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	126.54
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A.

Full Name (Last, First, Middle Initial)
US Postal Service

Mailing Address Village Station

City State Zip Code
New York NY 10014

Purpose of Disbursement
Postage

Candidate Name
THOMAS H ALLEN

Office Sought: House
 Senate
 President
State: ME District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: SB23.5148
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A.	Full Name (Last, First, Middle Initial) American Cancer Society	Transaction ID: SB29.5163 Date of Disbursement
	Mailing Address PO Box 22718	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
	City Oklahoma City State OK Zip Code 73123	Amount of Each Disbursement this Period
	Purpose of Disbursement Donation	<input type="text" value="50.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Category/Type
	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="50.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="50.00"/>